



**Board of Behavioral Sciences**  
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**PROFESSIONAL CLINICAL COUNSELOR INTERN  
 WEEKLY SUMMARY OF EXPERIENCE HOURS  
 OPTION 2– PRE-EXISTING MULTIPLE CATEGORY METHOD**

Use a separate log for each setting. For hours to qualify under Option 1 your *Application for Licensure and Examination* MUST be postmarked by December 31, 2020.

Name of Intern: Last		First				Middle			
Supervisor Name		Name of Work Setting							
Address of Work Setting						Is this a hospital or community mental health setting? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Indicate your status when the hours below are logged:									
<input type="checkbox"/> Intern Application Pending					<input type="checkbox"/> Registered Intern - PCI Number: _____				
YEAR _____	WEEK OF:								
A. Individual Psychotherapy									
B. Group Therapy									
C. Telehealth Counseling									
D. Workshops, Seminars, Training or Conferences									
E. Psych Testing, Report Writing, Progress/Process Notes									
F. Client-Centered Advocacy									
G. Supervision, Individual									
H. Supervision, Group									
<b>TOTAL HOURS PER WEEK</b>									
Of the above hours, how many included working with Couples, Families or Children?									
<b>Supervisor Signature</b>									